BEST AVAILABLE COPY

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			THAN ENTITY
TOTAL CLAIMS			33		97a.		Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			202 minus 20=		. 12			X\$ 9=		OR	X\$18=	220
INDEPENDENT CLAIMS			2 minus 3 =		*			X42=	 	OR	X84=	* 7 /
MU	ILTIPLE DEPEN	DENT CLAIM P	RESENT				.140		-			
* If	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2			L	+140=		OR	+280=	Co
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	OTHER	974
						(Column 3)		SMALL	ENTITY	OR		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVK PAID		EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠.	RATE	ADDI- TIONAL FEE
Š	Total	.33	Minus	us #3		=		X\$ 9=		OR	X\$18=	
AME	Independent			3		II	X42=		OR	X94=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J -	4140=			+280=	
					•	L	TOTAL		OR OR	TOTAL		
		(Column 1) (Column 2) (Column 3)					-	DDIT. FEE			ADDIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=	
AME	Independent	*	Minus	***		<u> </u> =	┇╏	X42=		OR	X84=	·
L	FIRST PRESE		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֡֡֓֓֡֓֡֡֡֓֡֡֡֡	+140= TOTAL		OR	+280=					
										OR	TOTAL ADDIT. FEE	
		(Column 1)	- 1	(Colur		(Column 3)	<u>.</u>		·			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER QUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	wa .		=		X\$ 9=	ราชสาสสา	OR	X\$18=	
	Independent	* • • •	Minus	***		=]	X42=	7.000		X84=	
<u></u>	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT	CLAIM] -	7.5	70.30 (A)	OR'	E William	and the state of t
	• If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.									OR	+280=	
**If the entry in column 1 is less than the intry in column 2, write "o" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Numb r Pr viously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number